## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100436 (0)

CAREER CONCEPTS TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1025 S. SEMORAN 1025 S. SEMORAN WINTER PARK FL 32792 WINTER PARK FL 32792-5511 3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap\_1\) No Zip Country Zip 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CACCIATORE, JOHN M ESQ. 170 EAST WASHINGTON STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801-2397 A3 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the aligations of section 607.0505, Florida Statutes. agent. I am familiar with, and accept the LANPhere SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE 1.1 TITLE LANPHER, LARRY NAME 1.2 NAME 1119 TROTWOOD BLVD. STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 1.4 City-St-7iP CITY - ST - ZIP ח DELETE ☐ Change Addition TITLE 2.1 TITLE LANPHER, ELIZABETH 2.2 NAME NAME 1119 TROTWOOD BLVD. STREET ADDRESS 2.3 STREET ADDRESS **WINTER SPRINGS FL 32708** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T/TLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 51 TITLE Change TITLE 52 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an adachment with an address.

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**FILED** 

Feb 13 1997 8:00am

Secretary of State